



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631  
TOLL-FREE IN-STATE: 1-800-345-2529  
TDD: 360-486-3637  
WEB SITE: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

## CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

### \*\*\* GENERAL INSTRUCTIONS \*\*\*

1. Please **Type** or **Print** With Dark Ink.
2. Answer **ALL** questions. Use **N/A** if not applicable. Have you missed anything? For assistance, contact the Licensing Section at (360) 486-3440 OR at our toll-free number 1-800-345-2529.
3. Mail or deliver the completed application and fee(s) to the above address. **PLEASE NOTE** we have the capability of receiving **faxed** items to expedite the receipt of application documentation.
4. Please read the enclosed pamphlet entitled "Gambling License Certification Program" and the condensed rules. **You will find them very helpful and informative.**
5. Be sure that you select the correct license type(s) and correct license class.
6. Make sure that the application is signed and dated by the appropriate individual(s).
7. **AVOID PROCESSING DELAYS.** Ensure that the application and any attachments are complete.
8. Attend mandatory training as required by WAC 230-03-070.

### THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

***Print with a black ballpoint pen and press firmly, or use a typewriter.***

- For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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- Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/>

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.



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**CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES**

**TYPES OF ACTIVITY / LICENSE CLASS / FEES:** (Mark ☒ **ALL** Applicable Activities)

Check the attached *Fee Schedule – Bona Fide Charitable / Nonprofit Organization* (GC5-055 FS) for annual gross receipt volume authorizations for the appropriate license classes and fees – if these classes do not fit your needs, you may wish to apply for the higher volume activities. If so, complete and submit the *High Volume* application (GC4-006).

If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

**Raffles** (02)

See Section 6, Class A – D, of Fee Schedule

☐ Class:  Fee: \$

**Bingo** (01)

See Section 5, Class A – C, of Fee Schedule

☐ Class:  Fee: \$

**Punchboards / Pull Tabs** (04)

See Section 2, Class A – C, of Fee Schedule

☐ Class:  Fee: \$

**Combination** (08)

(Bingo, Raffles, Amusement Games and  
allows general Card Games where no fee is charged)

See Section 7, Class A – C, of Fee Schedule

☐ Class:  Fee: \$

**Amusement Games** (03)

See Section 1, Class A – D, of Fee Schedule

☐ Class:  Fee: \$

Any organization who owns their Amusement Game  
equipment or conducts carnivals must be Class "B" or above.

**Fund-Raising Event Distributors** (29)

See Section 11, Class E – F, of Fee Schedule

☐ Class:  Fee: \$

**Social Card Rooms** (60)

See Section 4, Class D, of Fee Schedule

☐ Class: D Fee: \$

**TOTAL FEES**

**SUBMITTED**

\$

**1. APPLICANT:**

a. Name:   
Organization Name / Chapter

Mailing  
Address:   
Street / P.O. Box

City  State  Zip

County:

Organization's Business Telephone  Gambling Premises Telephone

Organization's Fax

Department of Revenue Unified Business Identifier (UBI) Number:

**Business Office Use Only:**

Code: 211- Date:  /  /  Amt: \$ .00 Val #:

Code: 211- Date:  /  /  Amt: \$ .00 Val #:

Code: 211- Date:  /  /  Amt: \$ .00 Val #:

Code: 211- Date:  /  /  Amt: \$ .00 Val #:

Code: 211- Date:  /  /  Amt: \$ .00 Val #:

**1. APPLICANT: (Continued)**

- b. Have you previously applied for or been licensed by the gambling commission? Yes ☐ No ☐

**IF YES:** When: | | | | | | | | | | | | | | | | | | | | | |

Type of License: | | | | | | | | | | | | | | | | | | | | | |

- c. **BINGO ONLY** – County in which the organization's primary business office is located: \_\_\_\_\_

If no business office, provide the county in which the organization's president resides: \_\_\_\_\_

**2. PREMISES / EQUIPMENT:**

- a. Premises:** Does the organization own the premises where the activity will be conducted? Yes ☐ No ☐

Address:

City	State	Zip
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County: \_\_\_\_\_

Is the above address within the boundaries of a town or city?      Yes ☐      No ☐      Phone # |\_|\_|\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|

***IF RENTED***, provide the following:

Landlord: Last Name: \_\_\_\_\_

First Name: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| MI: |\_|\_|

Address: |

[illegible]

☒ **SUBMIT A COPY OF THE LEASE AGREEMENT.**

- b. Equipment:**

Does the organization own the equipment used to conduct the gambling activity(ies)? Yes ☐ No ☐

***IF RENTED***, provide the following:

Owner: Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| MI: |\_|

Address: |

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☒ **SUBMIT A COPY OF THE EQUIPMENT LEASE AGREEMENT.**

**NOTE:** If you are applying for a Fund-Raising Event Distributor license – remember the limitations associated with each class of license.

**3. ELECTED ORGANIZATION OFFICERS** (List and Complete **ALL** Information):

- a. President (or Equivalent):

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | | MI: | |

Social Security #: | | | - | | | - | | | | Birthdate: | | | - | | | - | | | |

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Home Address: | | | | | | | | | | | | | | | | | | | | | |

Street

City

County: \_\_\_\_\_



**4. PROPOSED ACTIVITY MANAGER(S):** (Continued)

[illegible]

**5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:**

**NOTE:** Applicants Currently or Previously Licensed by the Gambling Commission need only complete those items which have changed since the last application. If No Change, write N/A in each space provided.

a. Historical - Initial Application and Changes Only:

(1). When was your organization formed or incorporated? |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|  
Month                      Day                      Year

(2) When does your accounting fiscal year end? \_\_\_\_\_

Month                      Day                      Year

(3) Mark ☒ the purpose(s) for which your organization was formed and operated. (Circle your primary purpose.)

☐ Agricultural      ☐ Charitable      ☐ Educational      ☐ Patriotic      ☐ Religious

☐ Athletic      ☐ Civic      ☐ Fraternal      ☐ Political      ☐ Social

b. Is your organization exempt from the payment of federal income taxes? Yes ☐ No ☐

**IF YES:** What is your Internal Revenue Service (IRS) exemption code section? 501(c)(    ) (Example: 501(c)3)  
Please call us if you are confused about your particular IRS code.

c. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

Yes ☐ No ☐ **IF YES**, complete the following:

Name of Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes ☐ No ☐

**6. MEMBERSHIP INFORMATION** (Complete Even If Previously Licensed):

a. How many regular membership meetings has your organization held during the last fiscal year?

b. How many active members are in your organization as of the date of this application?       

c. Are all members allowed to vote in elections for officers and board members? Yes ☐ No ☐

**IF NO:** How many voting members?

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**7. BINGO APPLICANTS ONLY – COMPLETE THE FOLLOWING SCHEDULE** (Times / Days of Bingo):

Monday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Tuesday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Wednesday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Thursday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Friday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Saturday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm
Sunday:	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	_ : _	_	<input type="checkbox"/> am / <input type="checkbox"/> pm

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**8. INFORMATION REGARDING YOUR LAST FISCAL YEAR PERIOD:**

Briefly describe how your organization has met the purpose(s) set out in Section 5.a.(3): (If more space is needed, use separate sheet of paper.)

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**9. Briefly Describe the Type(s) of Charitable and / or Nonprofit Services** that are provided by your organization to the public and / or your members. (You may attach a separate sheet of paper for each of the below areas, but indicate so below.)

- **To the Public:**

- **To Your Members:**

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**10. Required Attachments** – Attach and submit the following documents with your application: (*New applicants* must submit ALL documents listed below.) (**\*\*\* Applicants previously licensed by the commission need not submit these items unless specifically requested to do so, or if there have been changes since your last renewal.**)

- IRS exempt status letter – enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- A copy of your current bylaws and articles of incorporation.
- Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- Copy of minutes – two of the most current **and** one from as far back as available. (At least one year.)

**Please review the entire application AGAIN. Have you forgotten to complete any questions or submit required documents? Incomplete applications and document omissions will cause a significant delay in processing your application.**

## YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of my initial application or revocation of any gambling license(s) currently held.** I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I agree to notify the Gambling Commission should any criminal or civil actions be filed against me during the application or licensure period. I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. (See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.)

President's Signature: \_\_\_\_\_

Other